

NATIONAL PHARMACY AND THERAPUTICS COMMITTEE AGENDA FOR
AUGUST 25TH 1:00PM CENTRAL TIME

1. OLD BUSINESS:

A. ADMENTMENTS TO THE CHARTER VOTED ON IN DECEMBER
BY THE COMMITTEE.

B. CONTINUED OPPOSITION OF SOME SITES TO THE CORE
FORMULARY AND WHAT MEASURES MAY NEED TO BE INSTITUTED TO
DEAL WITH THESE ADMINSTRATIVE PROBLEMS.

2. REVIEW MINUTES FROM JUNE MEETING AND DISCUSSION ON
PROGRESS OF:

A. USAGE CRITERIA FOR ATORVASTATIN BY DR JIM
GALLOWAY

B. UPDATE ON MEDICARE PHARMACY PLANS

C. GENERIC LETTER TO ADDRESS COMPLAINTS TO THE
NATIONAL PHARMACY AND THERAPUTICS COMMITTEE

D. FEEDBACK FROM AREAS REGARDING EXISTING CORE
FORMULARY

E. PROGRESS IN DUE'S FOR PLAVIX AND NORVASC

F. PROGRESS IN THE GUIDELINES FOR USE OF STATINS IN THE
CLINICAL SETTING

G. PROGRESS IN INVITING GUEST SPEAKERS FOR CONNECTIVE
TISSUE DISEASES AND OSTEOPORESIS AS WELL AS PSYCHIATRIST TO
REVIEW ANTIPSYCHOTICS AND ANTIDEPRESSANTS

3. POSITION OF VICE CHAIRMAN

IHS NATIONAL PHARMACY AND THERPEUTICS COMMITTEE
MEETING
JUNE 2ND AND 3RD

ATTENDING MEMBERS: BRENDA FARRIS, MD (CHAIRMAN); MICHAEL CONTOS, PHARM D (ACTING VICE-CHAIRMAN); JOHN E. JONES, RPH (ABERDEEN); ROBERT H. CARLSON (ALASKA); MATTHEW A. CLARK, MD (ALBUQUERQUE); PATRICK ROCK, MD (BEMIDJI); DANIEL J. CALC, M (CALIFORNIA); JONATHAN C. DANDO, RPH (NASHVILLE); DORTHY J. SANDERSON, MD (NAVAJO); TRAVIS E. WATTS, PHARM D (OKLAHOMA) MARK CASPI, PHARM D (PHOENIX); S. MILES RUDD, MD (PORTLAND)

ABSENT MEMBERS: JAMES OLSON, MD (TUCSON)

INVITED GUESTS AND OUT GOING MEMBERS: HOWARD HAYES, MD, MSPH (ACTING CHAIR); ROBERT PITTMAN (ACTING VICE-CHAIR); JIM GALLOWAY, MD, DR STEVE RITH-NAJARIN

Meeting began at 8:45 am with the review of the minutes

1. Introduction of new chairman, Brenda Farris MD and introduction of new acting vice-chairman Robert Contos, Pharm D
2. Drug class review-statins-by Dr. Jim Galloway: As reported in the Strong Heart Study, CHD rates in American Indians exceed rates in other US populations and more often may be fatal. Unlike other ethnic groups, American Indians appear to have a increasing incidence of CHD, possibly related to the high prevalence of diabetes and smoking. Therefore, aggressive programs to control major causal risk factors (diabetes, dyslipidemia, hypertension and smoking) are needed. Recently 5 major lipid lowering trails (TNT, CARDS, PROVE-IT, ASCOT-LIA) have been released and Dr. Galloway summarized these trails stating the data consistently leads to the conclusion that on the basis of these results, clinicians should consider aggressive use of lipid-lowering therapies in all patients with established coronary heart disease and other major risk factors including causal risk factors such as diabetes. Many times aggressive LDL-C lowering can not be achieved by simvastatin and the use of atorvastatin or combination therapy is needed to further lower LDL-C. After discussion and vote, atorvastatin was added to the national core formulary with restrictions that are to be developed by Dr. Galloway. All doses of simvastatin will remain on the formulary with only the 80mg dose of atorvastatin added to the formulary.
3. Pioglitazone and rosiglitazone drug review by Dr Steven Rith-Narjarin: The glucose lowering effects are probably comparable. Both showed no adverse effect to the liver and both had similar reductions in LDL. The National Diabetes Committee does not have a drug that they would recommend over others. Pioglitazone will remain on the IHS National Drug Formulary over other thiazolidinediones because of a purchase agreement that is in effect till 2009. Thiazolidinediones will remain as a closed class at this time.

4. Gabapentin drug review by Dr. Steven Rith-Narjarian: Studies have shown that gabapentin monotherapy does show an improvement in neurogenic pain and the sleep interference associated with diabetic neuropathy. There is some suggestion that this could be due to its sleep inducing effect. The medication can cause ataxia and confusion. After Dr, Rith-Narjarins presentation the committee had further discussion and voted not to place gabapentin on the IHS National Formulary because of cost, side effects and some concerns among the committee members of its effectiveness.

5. Beta-blockers review: Dr Galloway recommends both atenolol and metoprolol be on the formulary. Carvedilol should be consider as a drug to be used in younger patients in severe congestive heart failure [EF<25%] and metoprolol used in the elderly population. All drugs are presently on the formulary and atenolol, metoprolol, and carvedilol will remain on the formulary.

6. Plavix will continue on the National Core Formulary for those that cannot tolerate aspirin and for post cardiac procedures. A DUE will be developed to review the use of Plavix.

7. Antihypertensives in pregnancy: Dr.Galloway recommended the following drugs be available for hypertension in pregnancy: diuretics, methyldopa and hydralazine, after discussion the committee decided not to add the drugs to the core formulary.

8. The question came up on what we are to do as an advisory committee if any clinics or hospitals refuse to follow the core formulary. It was decided to address this issue with Dr. Vanderwagen.

9. BPA for pioglitazone was reviewed by Robert Pittman and committee had no questions. They did bring up the various Medicare pharmacy plans and which one plan would be best for our patients seeking care at IHS facility and consults our advice. Robert Pittman will review and get back to the committee on these issues.

Meeting adjourned at 3:15pm on June 2nd to reconvene the next morning at 8:30am.

MINUTES OF NATHIONAL P&T COMMITTEE
Meeting called to order at 8:30am Friday June 3 2005

1. Conflict of Interest: OCE FORM 450 was handed out to each committee member to review and sign stating we had no conflicts of interest that ethically prevent us from being member of the committee and were free of any affiliations with pharmaceutical companies or to disclose them if they did have some affiliation. We do not associate with pharmacy reps and all contacts will be referred to Dr Michael Cantos.
2. A letter written to the committee regarding placing OTC medication on the core formulary was reviewed and it was decided by the committee that a generic letter will be written to respond to these kinds of letters and where to correctly to address their complaints.
3. NSAID discussion: It was decided after some debate that NSAIDS will remain on the core formulary.
4. Omeprazole- PPI/discussion: Should PPIs be a closed class? Because of the cost issue it was felt that the omeprazole should remain as the core formulary drug of choice.
5. Changes in the charter as were voted by the committee at the December meeting are awaiting a response by Robert Pittman. We will try to address by the next tele-conference.

Tasks to be accomplished by/in the next meeting:

1. Rheumatoid arthritis and osteoporosis drugs to be reviewed at next meeting. A Rheumatologist will be invited to speak and make any suggestions concerning other drugs that might be needed to be added to the core formulary to ensure standards of care.
2. A suggestion that a strategic plan be formulated by the committee so that future meetings can proceed in a more organized manner and with foresight
3. Drug Treatment for TB was deferred for topic at this meeting but will be readdressed at the next meeting
4. Antipsychotics, antidepressants and treatments for bipolar disorder, to invite an area psychiatrist to discuss current treatment recommendations as well as best drugs to be used in the Indian population.
5. Will send out bio on each presenter
6. To list top ten diseases in IHS by next meeting
7. Review the national formulary as discussed in the charter
8. Each member to bring back ideas from their area concerning the core formulary.
9. DUE's for plavix and norvasc will be composed and presented at the next meeting.
10. Review the use criteria for atorvastatin [lipitor] that will be developed by Dr. Jim Galloway.

11. Develop national education guideline for the use of statins in the clinical setting.
 12. Next meeting to be held in Phoenix on December 1st and 2nd.
 13. Conference call to be set up for 25th of August at 1:00pm central time.
 14. Will review minutes at next conference call
 20. Would like the position of the vice-chairman to be filled by next conference call
- Meeting adjourned at 11:30am